

<b>CLAIMS ONLY</b>							Application Number <i>10/625,705</i>	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/					51		
2	/					52		
3	/					53		
4	/					54		
5	/					55		
6	/					56		
7	/					57		
8	/					58		
9	/					59		
10	/					60		
11	/					61		
12	/					62		
13	/					63		
14	/					64		
15	/					65		
16	/					66		
17	/					67		
18	/					68		
19	/					69		
20	/					70		
21	/					71		
22	/					72		
23	/					73		
24	/					74		
25	/					75		
26	/					76		
27	/					77		
28	/					78		
29	/					79		
30	/					80		
31	/					81		
32	/					82		
33						83		
34						84		
35						85		
36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total Indep	/					Total Indep		
Total Depend	/					Total Depend		
Total Claims	31					Total Claims		